



# **COLLIN COUNTY** **Medical Plan Summary** **Effective January 1, 2015**

COVERAGE	ADVANTAGE Plan	ADVANTAGE PLUS Plan
<b>Physician Services</b>	In-network	In-network
Physician Office Visit	\$20 Co-pay	\$15 Co-pay
Urgent Care Center Services	\$25 Co-pay	\$25 Co-pay
Specialist Office Visit	\$50 Co-pay	\$40 Co-pay
Mental Health Services (Outpatient)	\$50 Co-pay (Individual) \$45 Co-pay (Group)	\$40 Co-pay
Diabetes Related Physician or Specialist Office Visit	\$0 Co-pay	\$0 Co-pay
Allergy Shots, Serum and Testing	\$20 or \$50 Co-pay	Plan pays 75%*
Chiropractic Care	\$50 Co-pay	Plan pays 75%* (\$1,000 plan year max)
Well Care Benefits and Women's Preventive Health Services	Plan pays 100%	Plan pays 100%
<b>Hospital Services</b>		
Emergency Health Services	\$500 Co-pay	\$500 Co-pay
Inpatient Hospital	Plan pays 80%*	Plan pays 100% after a \$100 per day/\$500 co-payment maximum*
Mental Health Services (Inpatient)	Plan pays 80%*	Plan pays 75%*
Outpatient Surgery	Plan pays 80%*	Plan pays 100%*
Professional Fees for Surgical and Medical Services	Plan pays 80%*	Plan pays 75%*
Diagnostic/Therapeutic, Laboratory and X-ray Services	Plan pays 80%*	Plan pays 75%*
<b>Additional Services</b>		
Skilled Nursing Facility/Inpatient Physical Rehabilitation	Plan pays 80%*	Plan pays 75%*
Hospice Care or Home Health Care	Plan pays 80%*	Plan pays 100%*
Durable Medical Equipment	Plan pays 80%*	Plan pays 75%*
Emergency Ambulance Services	Plan pays 80%*	Plan pays 75%*
<b>Vision Services</b>		
Lasik Surgery	Plan pays 50%*, limited to \$2,000 per lifetime	Plan pays 50%*, limited to \$2,000 per lifetime
Vision Care (part of medical plan)	See Vision Summary	See Vision Summary
<b>Prescription Drug Benefits</b>	<b>Retail</b>	<b>Retail</b>
Tier 1 (ex. Generic)	\$10 Co-pay	\$10 Co-pay
Tier 2 (ex. Preferred)	\$25 Co-pay	\$25 Co-pay
Tier 3 (ex. Non-Preferred)	\$50 Co-pay	\$50 Co-pay
Diabetes Related Prescriptions	\$0 Co-pay	\$0 Co-pay
<b>Prescription Drug Benefits</b>	<b>Mail Order</b>	<b>Mail Order</b>
Tier 1 (ex. Generic)	\$25 Co-pay/ 90 day supply	\$25 Co-pay/ 90 day supply
Tier 2 (ex. Preferred/Non-Preferred)	\$50 Co-pay/ 90 day supply	\$50 Co-pay/ 90 day supply
Diabetes Related Prescriptions	\$0 Co-pay/ 90 day supply	\$0 Co-pay/ 90 day supply
<b>Calendar Year Deductible</b>		
Individual	\$750	\$250
Family	\$1,500	\$500
<b>Annual Out-of-Pocket Maximum</b>		
Individual	\$3,000	\$2,000
Family	\$6,000	\$4,000

**\* = deductible applies to those services first and then the co-insurance begins.**

This document is intended as a convenient summary of the major points of these benefits plans. This document does not cover all provisions, limitations and exclusions. The official plan documents, policies and certificates of insurance govern in all cases.

*Both plans have limited out-of network coverage. Please contact Human Resources for more information.*